## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

|                                                                                                                                                                                                                                                                                                                     | my change of address)                                                                                                                                                                                                      | ors and notification of maintenance fees will be mainten to the current or specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" in Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, make its own certificate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| P.O. BOX 8910<br>RESTON, VA 2019                                                                                                                                                                                                                                                                                    | KEY & PIERCE, P.L<br>95                                                                                                                                                                                                    | OLP E JUN 0 1 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INPT.                                                                                                                                         | I hereby certify that<br>States Postal Service<br>addressed to the M-<br>transmitted to the US                                                                                  | ertificate of transmission.  ertificate of transmittal is being with sufficient postage for final Stop ISSUE FEE address SPTO (571) 273-2885, on the description of the sufficient postage for final Stop ISSUE FEE address SPTO (571) 273-2885, on the description of the sufficient postage for t | mission                                                                                                                   |
| /2006 MGEBREM2 0000000                                                                                                                                                                                                                                                                                              | 8 122325 09407878                                                                                                                                                                                                          | 13 1014 0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u> </u>                                                                                                                                      | fatty                                                                                                                                                                           | riepier.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Signat                                                                                                                   |
| :1501 1400.00 DA                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \ Æ                                                                                                                                           |                                                                                                                                                                                 | my xiel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            | PADEMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RIT                                                                                                                                           | L                                                                                                                                                                               | T G - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7-06 (E                                                                                                                   |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                     | FILING DATE                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T NAMED INVEN                                                                                                                                 | ITOR                                                                                                                                                                            | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                                                          |
| 09/407.878                                                                                                                                                                                                                                                                                                          | 09/29/1999                                                                                                                                                                                                                 | GASI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PER HERNAND                                                                                                                                   | EZ III                                                                                                                                                                          | 2925-324P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3326                                                                                                                      |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                         | SMALI. ENTITY                                                                                                                                                                                                              | ISSUE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Р                                                                                                                                             | UBLICATION FEE                                                                                                                                                                  | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE<br>06/02/2006                                                                                                    |
| nonprovisional                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                                                                                                                   |                                                                                                                                                                                 | ¬ •••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |
| EXAM                                                                                                                                                                                                                                                                                                                | INER                                                                                                                                                                                                                       | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               | LASS-SUBCLASS                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |
| SHAH, S                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            | 2627                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                               | 715-526000<br>the patent front page.                                                                                                                                            | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                                                                                               |
| PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless                                                                                                                                                                                                                               | an assignce is identified by 37 CFR 3.11. Completion<br>EE LUCENT TECHN(                                                                                                                                                   | BE PRINTED ON THE clow, no assigned data of this form is NOT a so DOGIES INC. (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PATENT (print<br>a will appear on                                                                                                             | the patent. If an ass                                                                                                                                                           | ignee is identified below, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | document has been filed                                                                                                   |
| (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                  | MURRAY HILL, N                                                                                                                                                                                                             | MART .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               | _ >                                                                                                                                                                             | <b>,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                                                                                                         |
| (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                  | CTATE OF DELAY                                                                                                                                                                                                             | MART .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ed on the patent)                                                                                                                             | ☐ Individual                                                                                                                                                                    | Corporation or other private g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | roup entity Govern                                                                                                        |
| (A) NAME OF ASSIGN  Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No s                                                                                                                                                                                                    | STATE OF DELAY                                                                                                                                                                                                             | NARE ories (will not be printed 4b. Page ted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ayment of Fee(s)  A check in the s                                                                                                            | amount of the fee(s) is<br>dit card. Form PTO-2                                                                                                                                 | s enclosed.  038 is attached.  charge the required fire(s) or ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12-23                                                                                                                     |
| (A) NAME OF ASSIGN  Please check the appropriate  4a. The following fee(s) are  Issue Fee Publication Fee (No s Advance Order - # o  5. Change in Entity Status                                                                                                                                                     | STATE OF DELAN c assignee category or category enclosed: small entity discount permitt of Copies  (from status indicated above                                                                                             | NARE ories (will not be printe 4b. Pe ted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ayment of Fee(s) A check in the c Payment by cre The Director is Deposit Accoun                                                               | amount of the fee(s) is<br>dit eard. Form PTO-2<br>hereby authorized by<br>t Number                                                                                             | s enclosed.  038 is attached.  charge the required fee(s), or ca (enclose an ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12-23 redit any overpayment, tra copy of this form).  CFR 1.27(g)(2).                                                     |
| (A) NAME OF ASSIGN  Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No s Advance Order - # o  5. Change in Entity Status  a. Applicant claims S  The Director of the USPTO                                                                                                  | STATE OF DELAN c assignee category or category enclosed: small entity discount permitt of Copies  (from status indicated above                                                                                             | ARE orics (will not be printed 4b. Perinted)  ted)  237 CFR 1.27.  suc Fee and Publication will not be accounted for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ayment of Fee(s)  A check in the c  Payment by cre The Director is Deposit Account  b. Applicant is  Fee (if any) or t  com anyone other      | amount of the fee(s) is<br>dit eard. Form PTO-2<br>hereby authorized by<br>t Number                                                                                             | s enclosed.<br>038 is attached.<br>charge the required fec(s), or ca<br>(enclose an ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12-23 redit any overpayment, tra copy of this form).  CFR 1.27(g)(2).                                                     |
| (A) NAME OF ASSIGN  Please check the appropriate  4a. The following fee(s) are  Issue Fee Publication Fee (No s Advance Order - # o  5. Change in Entity Status a. Applicant claims S  The Director of the USPTO  NOTE: The Issue Fee and F  interest as shown by the rec  Authorized Signature                     | STATE OF DELAY c assignce category or category c enclosed: small entity discount permitt of Copies of (from status indicated above mALL ENTITY status. See the publication Fee (if required) cords of the United States Pa | ARE orics (will not be printed 4b. Perinted)  ted)  237 CFR 1.27.  suc Fee and Publication will not be accounted for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ayment of Fee(s)  A check in the c  Payment by cre The Director is Deposit Account  b. Applicant is  Fee (if any) or t  com anyone other      | amount of the fee(s) is<br>dit eard. Form PTO-2<br>hereby authorized by<br>t Number                                                                                             | s enclosed.  038 is attached.  charge the required fec(s), or cr (enclose an ex  MALL ENTITY status. See 37  ously paid issue fee to the appli- registered attorney or agent; or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12-23 redit any overpayment, tra copy of this form).  CFR 1.27(g)(2).                                                     |
| (A) NAME OF ASSIGN  Please check the appropriate  4a. The following fee(s) are  Issue Fee Publication Fee (No s Advance Order - # o  5. Change in Entity Status  a. Applicant claims S  The Director of the USPTO NOTE: The Issue Fee and Finterest as shown by the ree  Authorized Signature Typed or printed name | STATE OF DELAY c assignce category or category c enclosed: small entity discount permitt of Copies of (from status indicated above MALL ENTITY status. See the publication Fee (if required) cords of the United States Pa | AARE orics (will not be printed to be printe | ayment of Fee(s)  A check in the a  Payment by cre The Director is  Ocposit Account  b. Applicant is  Fee (if any) or tom anyone other  Tice. | amount of the fee(s) is<br>dit card. Form PTO-2<br>hereby authorized by<br>t Number  no longer claiming SN<br>o re-apply any previe<br>than the applicant; a  Date  Registratio | s enclosed.  038 is attached.  charge the required fec(s), or cr (enclose an ex  MALL ENTITY status. See 37  ously paid issue fee to the appli- registered attorney or agent; or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | redit any overpayment, tra copy of this form).  CFR 1.27(g)(2). cation identified above, the assignee or other particles. |

PTOL-85 (Rev. 01/06) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE